

# MID-TERM REVIEW TERMS OF REFERENCE

Project title: Quality enhancement for refraction services in Viet Nam

Country: Viet Nam

Date: 19 December 2025

## Introduction

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organisation based in Australia, which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on strengthening eye health systems and the treatment and prevention of avoidable blindness caused by Cataract, Trachoma, Diabetic Retinopathy, and Refractive Error. The Foundation operates in more than 20 countries across Australia, The Pacific, South and South East Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

The Foundation works in partnership with the Government; Ministry of Health, Ministry of Education & Training, Vietnam National Eye Hospital (VNEH); medical universities; Departments of Health, Departments of Education and Training; and more than 20 provincial eye care service providers and other INGOs who are working in Vietnam both in eye health and other fields such as IAPB; WHO in Vietnam.

As the country is on its way towards achieving the WHO's recommended cataract surgery rate (CSR) target as a measure of coverage and access to services, FHFVN has been placing an increasing emphasis on upholding standards of quality along with increasing access to other eye care services such as refractive error (RE), and diabetic retinopathy (DR) which are growing in Viet Nam.

## Project background

In Viet Nam, according to the RAAB survey in 2015, the average prevalence of refractive error (RE) is 11% in people aged 50+, in which uncorrected refractive errors account for 8%. The moderate spectacle coverage is 30%. Mild and severe visual impairment (6/18<presenting VA<3/60) is estimated to affect 2.1 million people. The myopia epidemic is growing and affecting younger and younger people. It is estimated that half the world's population will have myopia by 2050. With digital devices continuing to play an integral role in remote learning, prevalence of childhood myopia has been gone up due to the increasing screen time. In addition, the global pandemic has changed habits and urged people to spend more time on IT gadgets which causes increasing myopia. Specifically, the prevalence of short-sightedness in children is now more than doubled during the 2020 Covid-19 pandemic lockdowns<sup>1</sup>.

The most cost-effective interventions to improve vision due to refractive error are strengthening optical services, the supply of glasses, and spectacle coverage needs to be increased. However, the private optical shops provide most of the refraction services and spectacles in Viet Nam, with 60% of their provided spectacles are unacceptable quality. The Ministry of Health has mandatory guidelines requiring refractionists or technicians to have a minimum

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<sup>1</sup> Zhang X, Cheung SSL, Chan H, et al. Myopia incidence and lifestyle changes among school children during the COVID-19 pandemic: a population-based prospective study. *British Journal of Ophthalmology* 2022;106:1772-1778



of a medical technician training certificate to be able to prescribe spectacles; however, these standards are not effectively enforced. Currently, most of the optical shops have not registered for operation licence with the provincial Departments of Health but still provide RE services and it's estimated that only 20% of optical shops employ qualified staff to sell prescription spectacles<sup>2</sup>.

Therefore, as recommended and in consultation with the Medical Services Administration (MSA) – Ministry of Health (MoH) and the Departments of Health in Can Tho, Vinh Long, Ho Chi Minh City, Da Nang, and Hung Yen, FHFVN has partnered with them to implement the project “Quality Enhancement for Refraction Services in Viet Nam” (QERES). The QERES project is being carried out over a five-year period, from July 2023 to June 2028. This project aims to improve eye health outcomes for all people in need by strengthening the quality of refraction services (RE) at 16 public and private optical shops located in the five piloted provinces and optical shops nationwide after the endorsement of the standardised refraction service protocol.

At the national level, the project will support the Medical Services Administration (MSA) – Ministry of Health (MoH) in developing an optical shop's standardised refraction service protocol (SRSP), piloting before submitting for MOH's endorsement to apply in optical shops nationwide. In the selected provinces, MSA, FHF, and five Provincial Departments of Health (DoH) will work together to support 16 selected optical shops to pilot the SRSP and to improve RE service quality. The project also focuses on increasing community awareness and improving access to qualified optical shops, ensuring that people receive reliable and high-quality RE service. In addition, the project will support four key training institutes in the pilot provinces — Da Nang Eye Hospital, Can Tho Eye Hospital, Thai Binh University of Medicine and Pharmacy, and Can Tho University of Medicine and Pharmacy. By strengthening their capacity and resources, these institutions will be able to deliver standardised RE service training courses to optical shops.

Successes of RE service quality enhancement and operational procedures of the qualified optical shops will be collected and used to advocate the MoH to enforce the qualified RE service nationwide. This project will benefit directly to 48,000 local people (21,000 students, 27,000 older people, people with disabilities, and factory workers) in the five selected provinces (Can Tho, Vinh Long, HCM, Da Nang, and Hung Yen) along with training lecturers and optical shop staff. This project will contribute to reducing the prevalence of visual impairment in 2.1 million people with uncorrected RE.

The desired results of the project are as follows:

**Purpose:** To increase access qualified refraction services among people with refractive errors in Viet Nam.

**End of Project Outcome:** To increase access and improve the quality of refraction services at optical shops in five provinces and cities and to demonstrate a practical model for nationwide replication in Viet Nam.

**Outcome 1:** The optical shop's standardised refraction service protocol (SRSP) is endorsed for nationwide application.

**Outcome 2:** Access to piloted qualified optical shops in the community is increased

**Outcome 3:** The training courses on RE services are replicated.

### Purpose of the mid-term review

The overall objective of this mid-term review (MTR) is to identify the key successes and challenges in project implementation to date, identify factors which have contributed to the project successes, and areas of weakness that have impeded progress. This MTR is expected to be conducted as an external review, led by a qualified consultant, with additional learning and technical support from others to ensure a comprehensive assessment of the project. The specific purpose of the MTR will be:

- Progress against each of the project outcomes as per the timeline set out in the Project Design Document (PDD).

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<sup>2</sup> FHF, Brien Holden Vision Institute and Medical Services Administration - MoH, Quality of Refractive Services In Vietnam, 2018



- Identify effective approaches and lesson learnt from project implementation and recommend any necessary changes that should be incorporated in the remaining period of the project.

The findings of the review will be provided to the project donor, FHF, and MSA, provincial DOHs and Medical Universities of five project provinces with recommendations to all stakeholders on addressing identified challenges and inform ongoing project plans and practices. This may include recommendations on variations to project design in order to improve delivery for the remainder of the project.

## MTR scope and key questions

The MTR will seek to answer the following key evaluation questions:

### 1. Effectiveness: IS THE INTERVENTION ACHIEVING ITS OBJECTIVES?

- To what extent did the project increase access to qualified refraction services for the population of five piloted provinces?
- To what extent did the project increase the quality of RE service, including recognition and referral of other eye conditions?
- To what extent was the capacity of the training institutions built to provide RE services training?
- To what extent did the project increase the availability of the refraction service training for optical shops in project locations?
- To what extent did the project increase clients' satisfaction with accessing qualified optical shops?

### 2. Relevance / Appropriateness: IS THE INTERVENTION DOING THE RIGHT THINGS?

- How appropriate was the project's design for meeting priority eye health needs in Viet Nam and piloted provinces?
- To what extent have the objectives of the project remained consistent with the beneficiaries' requirements (including primary eye care and referrals for other eye and health conditions), local needs, national and provincial blindness prevention strategy and capacity?
- To what extent is the buy-in of the public/private optical shops secured through training, service quality improvement and participation in RE service provision marginalised populations?

### 3. Efficiency: HOW WELL ARE RESOURCES BEING USED?

- How effectively have project resources (financial, human, technical) been allocated and utilized to deliver planned activities, and to what extent have objectives and activities been completed on time and within budget?
- What evidence from stakeholder interviews, proxy indicators, or available external benchmarks suggests that resources and delivery mechanisms are being used efficiently? Are there any alternative approaches that could have been employed to reach the desired project's objectives more efficiently?

### 4. Equity (including gender equity): HOW IS THE INTERVENTION CONTRIBUTING TO GENDER EQUITY AND INCLUSION?

- To what extent are the barriers to accessing the qualified RE services for women, the elderly, and people with disability identified and addressed by the project?
- Which specific project interventions have been most effective in improving access and outcomes for different population groups (women, older people, people with disabilities, and other marginalised groups), and why?

### 5. Recommendations for action: Provide actionable recommendations to FHF and project partners on:

- Short term recommendations to inform project adaptation:



- What challenges project is currently facing that needs the attention? Causes and reasons behind those challenges.
- What actions and changes are required to improve the project results for the remainder of the project duration, in light of any changed circumstances or challenges identified through the MTR (specify who does what and when?).
- Long-term recommendations for sustainability and scale up:
  - What partnerships (government, NGOs, private sector) should be prioritized to ensure sustainability?
  - What financial or policy commitments are required from government or donors to maintain long-term impact?
  - How can monitoring and evaluation systems be strengthened to track progress and inform scale-up?
- Any learning or insights for future programming:
  - What are the key learnings from the project that can be shared with wider stakeholders (the model, process, implementation successes and challenges etc.?)
  - What barriers remain, for whom, and what additional actions or adaptations are needed during the remainder of the project period (and for further program design) to strengthen equity of access and outcomes?
  - What innovations or best practices emerged that could inform future programming in Vietnam or similar contexts?

## Approach

The approach to this evaluation will be a mixed- method approach. The evaluation will take the form of a Utilisation- Focused evaluation, which is a type of evaluation that ensures that the evaluation is planned and conducted in a way that enhances the likely utilisation of both the findings and the process itself to inform decision and improve performance. More information about this type of evaluation can be found here:

[https://www.betterevaluation.org/plan/approach/utilization\\_focused\\_evaluation](https://www.betterevaluation.org/plan/approach/utilization_focused_evaluation)

The review will be led by a qualified external consultant/agency plus the technical supports given by FHF's Global Evaluation Reference Group (ERG). The team chosen to conduct this evaluation will be expected to provide a detailed methodology for data collection and analysis based on the Key Evaluation Questions above. It is suggested that this review adopts a participatory approach to involve key stakeholders in the process. This will foster a culture of learning through seeking to produce information about a project's achievements and lessons learnt that is of value to stakeholders.

The project team and seven local project management boards (project partners) will provide necessary support to provide context and documentation, and will coordinate the field visit schedule, including requesting and scheduling interviews with key stakeholders as required.

### The MTR should include the following:

- Desk review of all relevant project documentation and other materials such as the PDD, annual work plans, monitoring and evaluation framework, project reports, as well as other documents, any commissioned research findings, policy documents and national and provincial level strategy documents. (to be compiled and provided by FHFVN)
- Interviews and discussions with relevant personnel from FHFVN, project partners and other relevant stakeholders. (*Vietnamese - English interpretation services will be arranged for interviews if required*).
- Conduct interviews with beneficiaries of RE services as needed to address relevant key evaluation questions



- Processing and analysis of data, preparation of key findings and recommendations for presentation to FHFVN and project partners.
- Presentation and discussion of findings, key lessons learned and recommendations for action with FHFVN Country Manager, project team and project partners .
- Submission of the MTR report, reflecting comments and feedback received from selected staff from FHFVN, the ERG.
- Present key findings at dissemination or sharing workshop held by FHFVN or project stakeholders.

## Deliverables

The MTR Team Leader will produce the following documents:

1. The MTR plan: The MTR Plan will elaborate on this ToR and will represent the agreement between the consultant and FHFVN and the ERG on how the MTR will be conducted.

The MTR plan will include: an updated field review schedule; list of persons to participate/consult during the MTR; definition of MTR team member roles and responsibilities; and the key MTR approaches and methodologies, including questionnaires (and/or compile appropriate questions and discussion points) to guide discussions during field review consultations.

2. Presentation of initial findings and recommendations: to be presented to the FHFVN Country Manager and the project team for validation and discussion, prior to commencing the MTR report.
3. The MTR report: The production of this report will include facilitating and incorporating comments, and feedback from the MTR team members and project partners. The final report, following initial feedback from FHFVN and the ERG, will be submitted to FHFVN about 6 weeks after the field work ends at the latest.

The MTR report must be written in English and Vietnamese and provided in the requested FHF's template and in electronic format (Microsoft Word). The report will include 1 page of key messages, 3 pages for the executive summary, and 25 pages for the main body of the report). The final report format should include the following headlines: Acknowledgments, Acronyms, Introduction, Key Messages, Executive Summary, Background, Objectives, Methodology, Results/findings, Lessons learnt, Study Limitations, Conclusions and Recommendations, Appendices, References. Template will be provided to the consultant.

4. A PowerPoint summary report to support dissemination of findings to stakeholders at workshop held by FHFVN or project partners.

FHF VN will be responsible for subsequent sharing of the report and its recommendations with relevant national stakeholders in Vietnam.

## Tentative Schedule

FHFVN will enter into a contract for services with the MTR Team Leader or his/her company. The Team Leader will be required to undertake the following tasks within 30 working days between March and May 2026 as per the following tentative schedule:

Activities	Duration	Person in charge
Desk Review of Project Documentation	2 days (March 2026)	MTR Team Leader
MTR Plan Production, including phone consultation with FHFVN on design of MTR plan & ethical and safeguarding considerations.	2 days (March 2026)	MTR Team Leader and core MTR team members
Site visit to the selected provinces of 5 project provinces for data collection. (The meeting with the	10 days (April 2026)	All MTR Team and FHFVN



Activities	Duration	Person in charge
MSA representative in Ha Noi can be conducted virtually).		
Analysis of collected data collected, including documenting key findings and recommendations	6 days (April 2026)	MTR Team team and core FHFVN MTR Team Members
Final Report Production and share key findings (time to be confirmed)	8 days (May 2026)	MTR Team Leader
Sign off, including incorporation of feedback from key stakeholders	2 days (May 2026)	MTR Team Leader, FHF VN, FHF Asia MnE Advisor, Medical advisor.
<b>Total</b>	<b>30 days</b>	

## Evaluation team & qualifications

The MTR Team will comprise one team leader and team members from the consultancy agency, with support from one member of each visited the Project Management Board of the selected provinces and the FHFVN project team. The Team Leader is responsible for the planning and delivery of the MTR, and reports and recommendations. The FHFVN project team will provide necessary support to provide context, documentation and will coordinate the field visit schedule.

### Team Leader and their team members

*The Team Leader will be responsible for:*

- Development of the MTR plan and methodology and data collection tools
- Obtaining ethic approval is required.
- Leading on delivery of the evaluation, including managing the literature review and data collection
- Analysis of data, documentation of key findings and recommendations
- Writing of the final MTR report
- Sharing key findings with project stakeholders

*The Team Leader and their team members should have the following skills:*

- At least 10 years of team leader experience of project evaluation.
- Knowledge and experience of programs focused on blindness prevention, particularly refractive error services, and the health system in Viet Nam.
- Knowledge and experience in health policy influencing and advocacy.
- Demonstrable experience in monitoring and evaluating public health programs/eye health programs, including the development and use of quantitative and qualitative data collection tools and participatory evaluation methods.
- Knowledge of GEDSI frameworks and experience applying these principles within monitoring and evaluation processes, including analysing equity-related outcomes and integrating ethical, inclusive, participatory approaches.
- Strong analytical skills.
- Excellent English report writing skills.

### FHFVN project team

*FHFVN project team members (QERES project) will be responsible for:*





- Compiling relevant documentation and information for background context, The Foundation's GAPSED+ Framework and relevant policies (Research and Evaluation, Safeguarding People, Risk Management, Child Protection) and to inform the literature review (to be provided to the team leader).
- Coordinating the field visit schedule, including requesting and scheduling stakeholder interviews and organising travel logistics for the team lead and team members.
- Arranging interpretation/translation services for interviews, if required.
- Monitoring data collection process, participating in a reflection workshop to provide feedback on initial review findings.
- Provide feedback on the draft MTR report and recommendations.
- Dissemination of the final report and recommendations to relevant national stakeholders and subsequent actions.
- Logistic support for the consultant as requested.

FHF M&E team & Technical Advisors (The Evaluation Reference Group)

*They will provide limited support to the project through:*

- Conduct a technical review of the MTR Plan prepared by the evaluation team, including the methodology for addressing key evaluation questions and the design of data collection tools.
- Providing feedback on draft MTR report and recommendations.

### **Other Expected MTR Participants**

- National Level: MSA - MOH, refractive error specialists nationwide joining in the working group to develop the standardised refraction service protocol (SRSP).
- Project management boards, comprising representatives from MSA, Provincial Department of Health, Provincial Eye Hospital, or Universities of Medicine and Pharmacy.
- Beneficiaries:
  - Direct:
    - Trainers, lecturers from provincial eye hospitals and medical universities who have received training support and have provided RE training to optical shop staff.
    - Owners of 16 piloted optical shops who have received support from the project of optical equipment, training, plan development for RE service improvement and have joined in RE service provision for marginalised population.
    - Optical shop staff in five provinces who have joined on the project RE training courses.
    - People with RE from the social centers, centers of people with disabilities, elderly and factory workers who have received RE examinations and spectacles from the project.
    - People with RE who have been clients of the 16 pilot optical shops across five project provinces.
  - Indirect: Community members in the project areas.

### **Management and logistics**

Three members of the FHFVN project team who are managing the QERES project will be the focal point for the MTR throughout the evaluation process, coordinating communications between the evaluator/s and The Foundation's commissioning team, ensuring milestones are met, and coordinating review and provide feedback for FHFVN country manager for approval of deliverables.



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## Confidentiality

The evaluator/s agree to not divulge confidential information to any person for any reason during or after completion of this contract with The Foundation. Upon completion or termination of this contract, the evaluator/s undertake to return to The Foundation any materials, files or property in their possession that relate to the business affairs of The Foundation.

## Intellectual Property

All intellectual property and/or copyright material produced by the evaluator/s whilst under contract to The Foundation remain the property of The Foundation and will not be shared with third parties without the express permission of The Foundation. The evaluator/s are required to surrender any copyright material created during the term of the contract to The Foundation upon completion or termination of the contract.

## Safeguarding People

The Fred Hollows Foundation is committed to ensuring that its activities are implemented in a safe and productive environment which prevents harm and avoids negative impacts on the health and safety of all people, particularly children, vulnerable people and disadvantaged groups. The Foundation has a zero-tolerance approach to sexual exploitation, abuse and harassment of any kind. All personnel including contractors/consultants are expected to uphold and promote high standards of professional conduct in line with The Foundation's Safeguarding People Policy including Code of Conduct. Contractors/consultants will be expected to sign and adhere to The Foundation's Safeguarding Code of Conduct, and provide any background checks as required.

## Insurance

Any consultants involved in this evaluation will be required to have in place insurance arrangements appropriate to provision of the requirements in this ToR including travel insurance.

## Ethical And Other Considerations

The MTR will be carried out in line with The Foundation's Research, Ethics and Data Management Policy. This will inform seeking informed consent, as well as quality control of data collection, use and storage. While acknowledging that this assignment meets multiple external ethics triggers, the consultant/s is/are expected to adhere to and uphold the principles of ethical research conduct at all stages of this assignment.

The consultant will lead the local ethics review process, including identifying the appropriate local ethics review body and preparing all required documentation for submission. This documentation should include, at a minimum, the proposed methodology, data collection tools, consent and assent materials, safeguarding measures, data management plan, and safeguarding measures. External local ethics approval is required prior to the commencement of data collection.



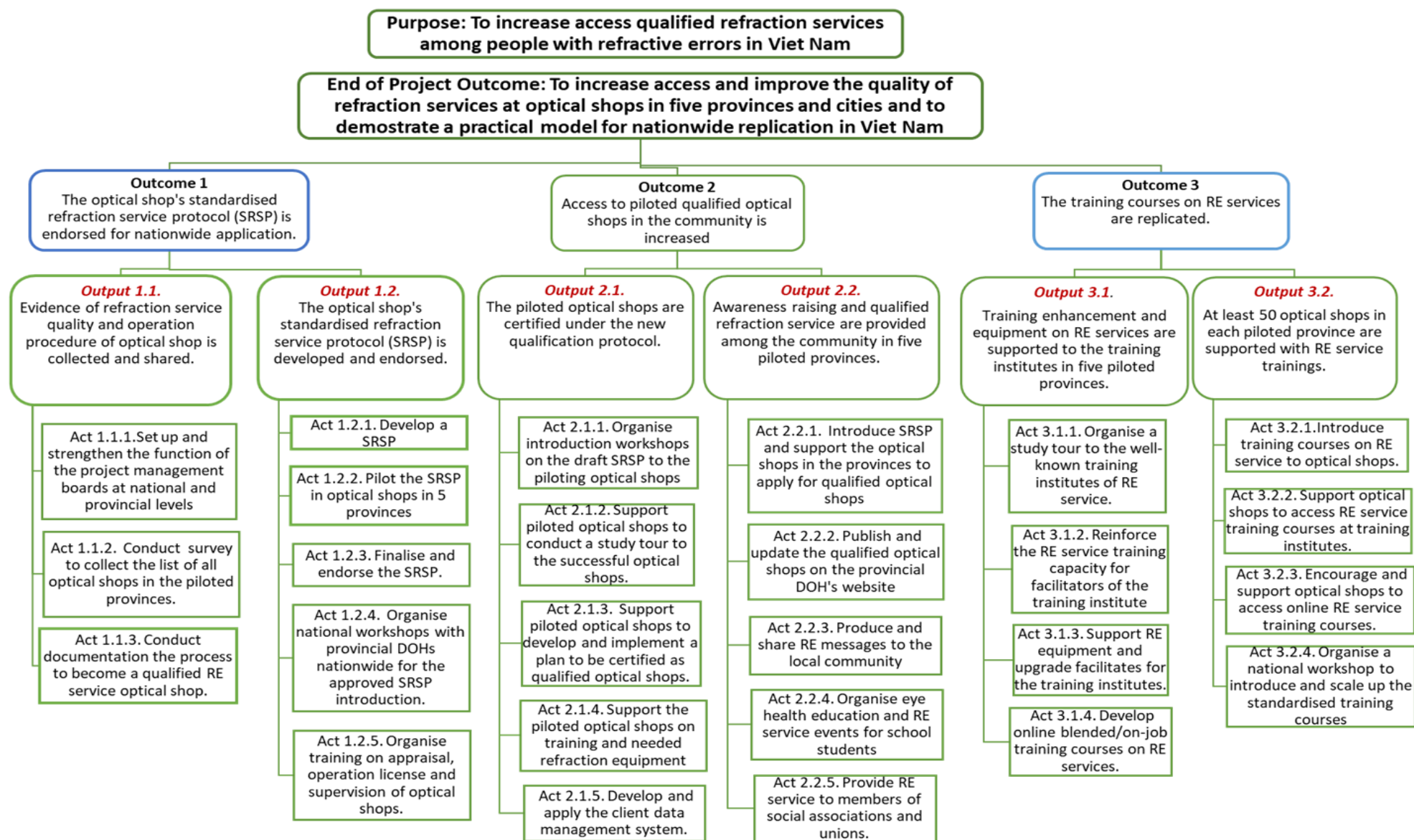


## Appendix 1: Proposal template (to be completed by consultant)

Project Summary					
Project Name					
Country					
Proposed Start date		End date:		Duration:	
Lead researcher /consultant – name, affiliation, and contact details. Role within the evaluation / research study.					
Other members of the proposed research team (if relevant). Note role within the evaluation / research study					
	<p>Add sections here relating to key methodological details required from the consultants at this time, but that were unable to be specified in the ToR. Use appropriate headings to guide the responses of the consultant. This might include sample size calculations or data analysis plans, consultation approaches, or details of survey tools.</p> <p>Regarding ethical and other considerations, consultant should outline:</p> <ul style="list-style-type: none"> <li>- proposed methodology</li> <li>- participant selection</li> <li>- data collection methods and tools</li> <li>- consent and assent materials</li> <li>- safeguarding measures, data management plan</li> <li>- safeguarding measures</li> </ul>				
Detailed budget	<p>The summary budget can be provided in a table format if preferred. The budget should indicate the funding costs for i) direct labour or personnel costs (such as salary and labour on-costs) and ii) direct operational costs (such as consumables, equipment, travel and other), any other costs to be incurred.</p>				
Referees					
Insurance details					



## Appendix 2: The project Theory of Change Diagram





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